

## Aboriginal and Torres Strait Islander health

### Policy Position Statement

- Key messages:** The health of Aboriginal and Torres Strait Islander people is poorer than that of other Australians.
- Due to the unique cultural, social and historical factors, specific solutions to address health issues are required. These should be defined by Aboriginal and Torres Strait Islander people.
- Key policy positions:**
1. Appropriate resourcing and implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*
  2. Increased investment in prevention to reduce chronic and infectious diseases
  3. Appropriate resourcing and implementation of the *National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan*
  4. Aboriginal Community Controlled Health Organisations should be preferred providers
  5. Aboriginal and Torres Strait Islander people and their organisations must be engaged in a genuine partnership during policy development
- Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
- Responsibility:** PHAA Aboriginal and Torres Strait Islander Health Special Interest Group
- Date adopted:** 18 September 2019
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Aboriginal and Torres Strait Islander Health SIG

# Aboriginal and Torres Strait Islander Health

## Policy position statement

This policy cannot detail all strategies and processes to improve the health of Aboriginal and Torres Strait Islander people, but rather seeks to highlight high level processes and priority areas.

### PHAA affirms the following principles:

1. To ensure Aboriginal and Torres Strait Islander people experience the same health outcomes, quality of life, and life expectancy as other Australians, a comprehensive approach is required which includes prevention, management and treatment.
2. All of the strategies need to include the social<sup>1</sup> and cultural<sup>2</sup> determinants of health.
3. Aboriginal and Torres Strait Islander health should be in Aboriginal and Torres Strait Islander hands: Principles of self-determination, as outlined in the United Nations Declaration on the Rights of Indigenous people which Australia is a signatory to is key to improving their health and wellbeing.
4. The health care system must be free of racism. As identified in the National Aboriginal and Torres Strait Islander Health Plan<sup>3</sup> and Implementation Plan<sup>4</sup>, culturally safe and trauma-informed health care provision is key to ensuring Aboriginal and Torres Strait Islander people access health care.

### PHAA notes the following evidence:

5. Aboriginal and Torres Strait Islander people are the Indigenous Peoples of Australia and are estimated to represent 3.3% of the Australia population.<sup>5</sup> This population is very young in comparison to the rest of Australian population with the mean Aboriginal and Torres Strait Islander age 23 compared to 37 for the rest of Australia.<sup>6</sup>
6. The high morbidity and mortality rates among Aboriginal and Torres Strait Islander people is well documented. Aboriginal and Torres Strait Islander people have lower life expectancy (8.6 years lower for men and 7.8 years for women) than other Australians.<sup>6</sup>
7. The reasons why Aboriginal and Torres Strait Islander people collectively have experienced poorer health outcomes are complex and include a range of historical, political and social factors.<sup>7,8</sup>
8. Social histories which impact Aboriginal and Torres Strait Islander health include child removals, trauma, loss of culture and racism.<sup>9,10</sup> Intergenerational trauma is commonly experienced as a result.
9. At an individual level, socioeconomic, behavioural and biomedical risk factors play a role in health outcomes, although their impact varies. It is estimated that the socioeconomic factors such as education and income play a larger role in the health gap (31%) than behavioural risk factors such as diet, exercise and biomedical risk factors high blood pressure and cholesterol (11%).<sup>8</sup>
10. Despite the health burden, Aboriginal and Torres Strait Islander people still face enormous challenges in accessing appropriate care.<sup>11</sup>

11. To address the high rates of morbidity and mortality, there are numerous policies and programs specifically targeting Aboriginal and Torres Strait Islander people. One of the many challenges to improving the health and wellbeing of Aboriginal and Torres Strait Islander people is that they are heterogeneous in nature, with varying individual community needs. Community led programs focussed on local needs have been shown to foster successful outcomes.
12. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goals 3 – Good Health and Wellbeing](#) and [10 – Reduced Inequalities](#).

### PHAA seeks the following actions:

13. Aboriginal and Torres Strait Islander health workforce is an essential part of ensuring health care provision is culturally safe.<sup>12</sup> The strategies outlined in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–23* need to be resourced appropriately and implemented.
14. To reduce the incidence and prevalence of chronic and infectious diseases there needs to be a greater investment in prevention strategies.
15. To reduce the burden of disease and life expectancy gap a whole-of-life-span approach needs to be undertaken as outlined in the Aboriginal and Torres Strait Islander Health Plan<sup>3</sup> and Implementation Plan.<sup>4</sup> The PHAA has also identified specific priority areas.
16. Aboriginal Community Controlled Health Organisations should be preferred providers.
17. Aboriginal and Torres Strait Islander people and their organisations must be engaged in a genuine partnership during policy development.
18. The priority areas are outlined below:
  - a. Substance use including alcohol, tobacco and other drugs
  - b. Food and nutrition including food security
  - c. Young Aboriginal and Torres Strait Islander people aged between 6 and 24
  - d. The over-incarceration of Aboriginal and Torres Strait Islander juveniles and adults
  - e. Mental health
  - f. Suicide
  - g. Family and domestic violence
  - h. Secure and safe housing

### PHAA resolves to:

19. Advocate for the above steps to be taken based on the principles in this position statement.

**ADOPTED September 2019**

## References

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7. Nadew G. Exposure to traumatic events, prevalence of posttraumatic stress disorder and alcohol abuse in Aboriginal communities. Rural and Remote Health. 2012;12(4):1667.
8. Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW; 2015.
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10. Germov J, editor. Second opinion: An introduction of health sociology. 6th ed. Melbourne: Oxford University Press; 2018.
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12. Aboriginal and Torres Strait Islander Health Workforce Working Group. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-23. [https://www.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF001C9608/\\$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/4A716747859075FFCA257BF001C9608/$File/National-Aboriginal-and-Torres-Strait-Islander-Health-Workforce-Strategic-Framework.pdf); Australian Health Ministers' Advisory Council; 2017.